MATT HARPRING



We're back! I'm excited to return to the gym and teach the correct techniques and fundamentals that are essential to the game of basketball. It's finally time for "US" to come together and have fun while enjoying some good competition. You will have the opportunity to learn and play with campers of similar ages and skills. Looking forward to seeing everyone at the Camp!

Register early, space is limited

July 6, 7 & 8

\$149 per session / per player

REGISTER
ONLINE
www.mcreg.com

Boys & Girls ages

7—15 years old



Sessions

Session One: 8am-12pm Session Two: 1pm-5pm

Location

The Park Center 202 E. Murray Park Ave.

www.mattharpring.com

Murray Parks & Recreation The Park Center 801-284-4200

MATT HARPRING "Back to Basics" 2021 Basketball Camp Application and Medical Release Form

NAME		GEN	NDER	_ BIRTHDATE		AGE
ADDRESS						
CITY					ZIP	
PARENT'S NAME		PHONE #				
E-MAIL ADDRESS						
		PHONE #				
DATES SESSION AGE GROUP SHIRT SIZE COST PAYMENT Register online (www REFUND POLICY HEAD INJURY AND CO In any sports activity run Inchild of 18 years of age at a traumatic head injury 1. The child will be prohib	July 6, 7 & 8 Session One 8am-12p Ages 7-9 Ages 10 Youth YSmall Adult SMALL \$149 per participant / Cash and credit cards a v.mcreg.com) or in perse No refund one (1) wee	om Session -12 Ages YMedium MEDIUM per session accepted on at The Park k prior to camp y agent, coach, in g in a sporting a	Two 1pm-5 13-15 YLarge LARGE Center 202 beginning. referee, or emictivity if the child is evaluate	YXLarge XLARGE 2 E. Murray Pa	Shirt size is nark Ave. shall immediated of sustaining	ely remove a a concussion or
(a) the health care peducation course (b) the child is cleared. 2. A child participant, or participant, or participant any time dimust immediately make if 3. Before a child is allowed participant has ever sustacity with clearance as ex. 4. The City, in its discretion, for participants who have pr. 5. Before a child is allowed in the course of the	provider has, within three years be in the evaluation and management or legal guardian of a child pauring a game, class, course or set known to a City staff member. to participate in any City sports a ained a concussion or head injury plained in section 2 above. may consider temporary or permeviously sustained three or more to participate in any City sports a shed acknowledgement and releated to the section 2 above.	efore the day on wheent of a concussion sport activity. articipant, who suspeason of a sports activity, the parent of the child has prevalent disqualificatic concussions and ectivity, the parent of	ich the written st n; and ects the child par tivity, regardless legal guardian s viously sustained on from contact s xperienced slow	rticipant may have of location such s shall inform City sta d a head injury, the	success fully comes sustained a head uspected head in aff members as to parent or legal g	npleted a continuing d injury or njury was sustained, o whether the child nuardian shall provide
have received a copy of, I I hereby state that: () my child has not previou () my child has previou clearance. I release and agree to h	ardian of child listed above, read, understand, and agree viously sustained a concuss sly sustained a concussion hold harmless the City from furies that arise when I have	e to abide by Mu ion or head injur or head injury ar any and all claim	rray City's Col y; or nd I have provi ns, demands, I	ncussion and H	lead Injury Poli th an acceptab	cy (the "Policy").
Signature of Parent/Guardian			Date			
PLEASE READ AND SI I recognize there are inherent Murray and Matt Harpring Ent liability for injuries, including th	IGN THE FOLLOWING ST risks involved in this sport activity erprises LLC, doing business as nose resulting in death, and illnes d health and is able to participate	TATEMENT y. In consideration Matt Harpring's Bas ses incurred while a	of the services p ketball Camp, ar attending camp c	rovided, I hereby r nd its director, emp or occurring as a re	elease and hold hold hold hold hold agen	harmless, the City of its from any and all rended camp.
Signature of Parent/Gua	ırdian				_ Date	
OFFICE USE ONLY	TOTAL PAID \$	CASH	CHECK CA	ARD DATE_	STA	AFF